

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

35603

Registration District No.

304

Primary Registration District No.

6046

Registrar's No.

121

1. PLACE OF DEATH:

(a) County St Charles  
(b) City or town Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None (Specify whether  
In this community Life years, months or days)

3. (a) PRINT  
FULL NAME

Emma Sudbrock

3. (b) If veteran,  
name war

3. (c) Social Security  
No. None

4. Sex F  
5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or XX  
Frank Sudbrock  
6. (c) Age of husband or 61 years  
7. Birth date of deceased Dec 31 1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
61 9 10 hr. min.

9. Birthplace St. Charles Co.  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

12. Name John Nadler  
13. Birthplace Warren Co  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Oberdick  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John Nadler  
(b) Address New Melle Mo.

17. (a) Burial (b) Date thereof Oct. 12, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Melle, Mo.

18. (a) Signature of funeral director Martin Muehler  
(b) Address Wentzville, Mo

19. (a) 10-11-43 (b) Gene Pickens  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Charles  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Near New Melle,  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10 + th  
year 1943 hour 12 minute 15 A.M.

21. I hereby certify that I attended the deceased from  
JUNE 28 1943 to October 6 1943  
that I last saw h. & R. alive on October 6 1943  
and that death occurred on the date and hour stated above.  
Immediate cause of death Diabetes Mellitus

Due to  
Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature W.E. Bargesen (M.D. or other)  
Address WENTZVILLE, MISSOURI Date signed 10/11/43

---

---

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Martin M. Muehlberg

Licensed Embalmer No. 2461

P. O. Address Wentzville, MO.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**